(c) and (d) The Unani medicines are available at the various CGHS Unani dispensaries. The beneficiaries are also allowed to purchase the Unani medicines from the open market in case they are not available in the CGHS dispensary and thereafter reimbursement is made by the CGHS to avoid inconvenience to the beneficiaries.

Legislation to Control Population

1278. SHRI RUMANDLA RAAMACHANDRAYYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is a proposal to introduce legislation to control the population growth;

(b) if so, the details thereof; and

(c) the action proposed against those who violate the norms?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA) (a) to (c) No, Sir. However, the Constitutional (79th Amendment) Bill, 1992, pending before the Parliament, seeks disqualification of a person for being chosen as, and for being a member of either House of Parliament or the Legislative assembly or, as the case may be, either of the Legislature of the State, if he/she has more than two children. however it will not apply to those persons who already have more than two children or those who beget an additional child within one year of the commencement of the Act.

TB and AIDS scare

1279. SHRI K. RAMA MOHANA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether tuberculosis and AIDS-HIV are serious health problems amongst many Indians; and

(b) if so, the action taken to improve the situation with easy access to the health care services?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) Tuberculosis and AIDS/HIV are major public health problem in the country.

About 18 lakh new cases of TB are occurring every year. To control the disease, the National TB Control Programme has been in operation in the country since 1962. The Revised National TB Control Programme (RNTCP) based on DOTS, which is a WHO recommended strategy was introduced in 1993 and is being implemented in a phased manner, with the objective of achieving cure rate of 85% of new sputum positive cases. Diagnosis by sputum microscopy instead of X-ray helps in detecting and curing infectious cases on priority. Facilities for diagnosis by sputum microscopy have been decentralized and strengthened. Drugs are provided free of cost in patient-wise boxes and patients are monitored so that they complete their treatment.

The project districts have reported a cure rate of more than 80% which means more than 8 out of every 10 patients diagnosed and put on treatment under the revised strategy are successfully treated. This is double that of the earlier programme.

DOTS coverage is being rapidly expanded in the country. From 20 million coverage in 1998, about 750 million population has been covered at present. It is envisaged to cover 650 million population by 2004 under the revised strategy and the entire population of the country by 2005.

To make the programme more accessible to large segments of the population and to supplement the Government efforts in this direction, emphasis is being given to also involve medical colleges, all general hospitals, private practitioners and NGOs in the programme.

In order to prevent and control the spread of HIV/AIDS in India, Govt. of India has launched a comprehensive National AIDS Control Programme, currently under implementation throughout the country as a centrally sponsored scheme under following components:-

— Preventive interventions for high-risk populations through targeted interventions adopting a multi-pronged strategy including peer counselling, treatment of Sexually Transmitted Infections and Behaviour Change Communication.

— Preventive interventions for the general population through programmes for Blood Safety, Voluntary Counselling and Testing Services, Prevention of Parent to Child Transmission Services, Information Education and Communication (IEC) & awareness

building among adolescents and sensitization for the AIDS Vaccine Initiative.

— Provision of low cost care and support services by providing community care services, treatment of opportunistic infections and prevention of occupational exposure.

— Collaborative efforts to promote inter-sectoral co-ordination activities including workplace interventions and public-private partnerships.

Building technical and managerial capacities for programme implementation through surveillance, training, monitoring and evaluation, technical resource groups, operational research and programme management.

Recurrence of TB and Malaria

†1280. SHRI JANESHWAR MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that several diseases like TB and malaria which had been once eliminated are spreading again throughout the country;

(b) if so, whether it is also a fact that these dieseases have turned into epidemic in some parts of the country;

(c) if so, the details of the people died to these diseases during the last five years, year-wise and State-wise; and

(d) the steps being taken by Government to get rid of these diseases?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (d) The number of TB cases reported under National TB Control Programme have been more or less static during the last few years. It is estimated that about 4.17 lac patients die of TB every year in the country. State-wise details of the deaths reported during the last 5 years are given in the enclosed Statement-I (*See* below).

To control TB, the National TB Control Programme has been in operation in the country since 1962. Since this could not achieve the desired results, the Revised National TB Control Programme (RNTCP)

†Original notice of the question was received in Hindi.